

EXHIBIT 1

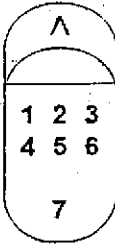
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

CHP 555 PAGE 1 (REV. 04-11) OPI 080

PAGE 1 OF 9

| | | | | | | | | | | |
|--|--|---|---|--------------------------------|--|---|---|---|--|--|
| SPECIAL CONDITIONS | | NUMBER INJURED 1 | HIT & RUN FELONY <input type="checkbox"/> | CITY SAN FRANCISCO | | JUDICIAL DISTRICT SAN FRANCISCO SUPER. | | LOCAL REPORT NUMBER 2012110250 | | |
| NUMBER KILLED 0 | | HIT & RUN MISDEMEANOR <input type="checkbox"/> | COUNTY SAN FRANCISCO | | REPORTING DISTRICT | | BEAT 14 | DAY OF WEEK FRIDAY | TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| LOCATION | COLLISION OCCURRED ON: US-101 S/B | | | | MO 11/30/2012 | DAY 11/30/2012 | YEAR 2012 | TIME (2400) 0247 | NCIC # 9335 | |
| | MILEPOST INFORMATION: | | | | GPS COORDINATES LATITUDE 37.75290° LONGITUDE - 122.40290° | | | | OFFICER I.D. 020266 | |
| | AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 210 FEET NORTH OF CESAR CHAVEZ ST | | | | STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | PHOTOGRAPHS BY: <input checked="" type="checkbox"/> NONE | |
| | | | | | | | | | | |
| PARTY 1 | DRIVER'S LICENSE NUMBER | | STATE CA | CLASS C | AIR BAG M | SAFETY EQUIP. G | | VEH. YEAR 2008 | MAKE / MODEL / COLOR TOYO TACOMA BLK | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) MICHAEL SHERMEN KIM | | | | OWNER'S NAME | | <input checked="" type="checkbox"/> SAME AS DRIVER | | | |
| PEDES- TRIAN | STREET ADDRESS | | | | OWNER'S ADDRESS | | <input type="checkbox"/> SAME AS DRIVER | | | |
| PARKED VEHICLE | CITY / STATE / ZIP MILLBRAE CA 94030 | | | | DISPOSITION OF VEHICLE ON ORDERS OF: | | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | |
| BICY- CLIST | SEX M | HAIR BLK | EYES BRN | HEIGHT 5-08 | WEIGHT 195 | MO [REDACTED] | BIRTHDATE DAY YEAR | RACE A | | |
| OTHER | HOME PHONE | | BUSINESS PHONE | | B&A TOW | | PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE | | | |
| INSURANCE CARRIER AAA | | POLICY NUMBER | | VEHICLE IDENTIFICATION NUMBER: | | VEHICLE TYPE | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY S US-101 | | SPEED LIMIT 50 | | CA | | DOT | | SHADE IN DAMAGED AREA [X] | | |
| PARTY 2 | DRIVER'S LICENSE NUMBER | | STATE | CLASS | AIR BAG | SAFETY EQUIP. | | VEH. YEAR | MAKE / MODEL / COLOR | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) | | | | OWNER'S NAME | | <input type="checkbox"/> SAME AS DRIVER | | | |
| PEDES- TRIAN | STREET ADDRESS | | | | OWNER'S ADDRESS | | <input type="checkbox"/> SAME AS DRIVER | | | |
| PARKED VEHICLE | CITY / STATE / ZIP | | | | DISPOSITION OF VEHICLE ON ORDERS OF: | | <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | |
| BICY- CLIST | SEX | HAIR | EYES | HEIGHT | WEIGHT | MO | BIRTHDATE DAY YEAR | RACE | | |
| OTHER | HOME PHONE | | BUSINESS PHONE | | VEHICLE IDENTIFICATION NUMBER: | | VEHICLE TYPE | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | |
| INSURANCE CARRIER | | POLICY NUMBER | | CA | | DOT | | SHADE IN DAMAGED AREA | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | CAL-T | | TCP/PSG | | MC/MX | | |
| PARTY 3 | DRIVER'S LICENSE NUMBER | | STATE | CLASS | AIR BAG | SAFETY EQUIP. | | VEH. YEAR | MAKE / MODEL / COLOR | |
| DRIVER | NAME (FIRST, MIDDLE, LAST) | | | | OWNER'S NAME | | <input type="checkbox"/> SAME AS DRIVER | | | |
| PEDES- TRIAN | STREET ADDRESS | | | | OWNER'S ADDRESS | | <input type="checkbox"/> SAME AS DRIVER | | | |
| PARKED VEHICLE | CITY / STATE / ZIP | | | | DISPOSITION OF VEHICLE ON ORDERS OF: | | <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER | | | |
| BICY- CLIST | SEX | HAIR | EYES | HEIGHT | WEIGHT | MO | BIRTHDATE DAY YEAR | RACE | | |
| OTHER | HOME PHONE | | BUSINESS PHONE | | VEHICLE IDENTIFICATION NUMBER: | | VEHICLE TYPE | | DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER | |
| INSURANCE CARRIER | | POLICY NUMBER | | CA | | DOT | | SHADE IN DAMAGED AREA | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | CAL-T | | TCP/PSG | | MC/MX | | |
| PREPARER'S NAME FARLEY 020266 | | DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | REVIEWER'S NAME [Signature] | | DATE REVIEWED 12-6-12 | | | | |

| | | | | | | | |
|--|--|--|----------------|---|--|---|--|
| DATE OF COLLISION (MO. DAY YEAR) 11/30/2012 | | TIME(2400) 0247 | NCIC # 9335 | OFFICER I.D. 020266 | NUMBER 2012110250 | | |
| OWNER'S NAME | | OWNER ADDRESS | | | NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| PROPERTY DAMAGE | | DESCRIPTION OF DAMAGE | | | | | |
| SEATING POSITION  1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER | | SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES | | AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN | | INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER | |
| ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE. | | | | | | | |
| PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT | | TRAFFIC CONTROL DEVICES | | SPECIAL INFORMATION | | MOVEMENT PRECEDING COLLISION | |
| 1 VC SECTION VIOLATED CITED <input type="checkbox"/> YES A 22350 <input checked="" type="checkbox"/> NO | | A CONTROLS FUNCTIONING | | A HAZARDOUS MATERIAL | | A STOPPED | |
| B OTHER IMPROPER DRIVING* | | B CONTROLS NOT FUNCTIONING* | | B CELL PHONE HANDHELD IN USE | | B PROCEEDING STRAIGHT | |
| C OTHER THAN DRIVER* | | C CONTROLS OBSCURED | | C CELL PHONE HANDSFREE IN USE | | C RAN OFF ROAD | |
| D UNKNOWN* | | D NO CONTROLS PRESENT / FACTOR* | | D CELL PHONE NOT IN USE | | D MAKING RIGHT TURN | |
| WEATHER (MARK 1 TO 2 ITEMS) | | TYPE OF COLLISION | | E SCHOOL BUS RELATED | | E MAKING LEFT TURN | |
| A CLEAR | | A HEAD - ON | | F 75 FT MOTOR TRUCK COMBO | | F MAKING U TURN | |
| B CLOUDY | | B SIDE SWIPE | | G 32 FT TRAILER COMBO | | G BACKING | |
| X C RAINING | | C REAR END | | H | | H SLOWING / STOPPING | |
| D SNOWING | | D BROADSIDE | | I | | I PASSING OTHER VEHICLE | |
| E FOG / VISIBILITY FT. | | E HIT OBJECT | | J | | J CHANGING LANES | |
| F OTHER* | | F OVERTURNED | | K | | K PARKING MANEUVER | |
| G WIND | | G VEHICLE / PEDESTRIAN | | L | | L ENTERING TRAFFIC | |
| LIGHTING | | H OTHER* | | M | | M OTHER UNSAFE TURNING | |
| A DAYLIGHT | | MOTOR VEHICLE INVOLVED WITH | | N | | N XING INTO OPPOSING LANE | |
| B DUSK - DAWN | | A NON - COLLISION | | O | | O PARKED | |
| C DARK - STREET LIGHTS | | B PEDESTRIAN | | OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS) | | P MERGING | |
| X D DARK - NO STREET LIGHTS | | C OTHER MOTOR VEHICLE | | A VC SECTION VIOLATED CITED <input type="checkbox"/> YES | | Q TRAVELING WRONG WAY | |
| E DARK - STREET LIGHTS NOT FUNCTIONING* | | D MOTOR VEHICLE ON OTHER ROADWAY | | B VC SECTION VIOLATED CITED <input type="checkbox"/> YES | | R OTHER* | |
| ROADWAY SURFACE | | E PARKED MOTOR VEHICLE | | C VC SECTION VIOLATED CITED <input type="checkbox"/> YES | | SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) | |
| A DRY | | F TRAIN | | D | | A HAD NOT BEEN DRINKING | |
| X B WET | | G BICYCLE | | E VISION OBSCUREMENT | | B HBD - UNDER INFLUENCE | |
| C SNOWY - ICY | | H ANIMAL | | F INATTENTION* | | C HBD - NOT UNDER INFLUENCE* | |
| D SLIPPERY (MUDDY, OILY, ETC.) | | I FIXED OBJECT: CONCRETE WALL | | G STOP & GO TRAFFIC | | D HBD - IMPAIRMENT UNKNOWN* | |
| ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) | | J OTHER OBJECT: | | H ENTERING / LEAVING RAMP | | E UNDER DRUG INFLUENCE* | |
| A HOLES, DEEP RUT* | | PEDESTRIAN'S ACTIONS | | I PREVIOUS COLLISION | | F IMPAIRMENT - PHYSICAL* | |
| B LOOSE MATERIAL ON ROADWAY* | | A NO PEDESTRIANS INVOLVED | | J UNFAMILIAR WITH ROAD | | G IMPAIRMENT NOT KNOWN | |
| C OBSTRUCTION ON ROADWAY* | | B CROSSING IN CROSSWALK - AT INTERSECTION | | K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | H NOT APPLICABLE | |
| D CONSTRUCTION - REPAIR ZONE | | C CROSSING IN CROSSWALK - NOT AT INTERSECTION | | L UNINVOLVED VEHICLE | | I SLEEPY / FATIGUED* | |
| E REDUCED ROADWAY WIDTH | | D CROSSING - NOT IN CROSSWALK | | M OTHER* | | | |
| F FLOODED* | | E IN ROAD - INCLUDES SHOULDER | | N NONE APPARENT | | | |
| G OTHER* | | F NOT IN ROAD | | O RUNAWAY VEHICLE | | | |
| X H NO UNUSUAL CONDITIONS | | G APPROACHING / LEAVING SCHOOL BUS | | | | | |
| SKETCH | | INDICATE NORTH | | MISCELLANEOUS | | | |
| SEE PAGE 4 FOR SKETCH | | | | HDO | | | |
| | | | | DIV. HWY | | | |
| | | | | POLICE DEPT. | | | |
| | | | | DIST. ATTY | | | |
| | | | | CORRECTOR | | | |
| | | | | D.H.S.F | | | |

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

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| | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|-----|-----|---------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|
| DATE OF COLLISION (MO. DAY YEAR) 11/30/2012 | | | | TIME(2400) 0247 | | NCIC # 9335 | | OFFICER I.D. 020266 | | | | NUMBER 2012110250 | | | | | |
| WITNESS ONLY | PASSENGER ONLY | AGE | SEX | EXTENT OF INJURY('X' ONE) | | | | INJURED WAS ('X' ONE) | | | | | PARTY NUMBER | SEAT POS. | AIR BAG | SAFETY EQUIP. | EJECTED |
| | | | | FATAL INJURY | SEVERE INJURY | OTHER VISIBLE INJURY | COMPLAINT OF PAIN | DRIVER | PASS. | PED. | BICYCLIST | OTHER | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | 39 | M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 3 | M | G | 0 |
| NAME / D.O.B. / ADDRESS ANDI LEE (██████████) ██████████ | | | | | | | | | | | | | | TELEPHONE ██████████ | | | |
| (INJURED ONLY) TRANSPORTED BY: SAN FRANCISCO FIRE DEPARTMENT MEDIC# 72 | | | | | | | | | | | | | | TAKEN TO: SAN FRANCISCO GENERAL HOSPITAL | | | |
| DESCRIBE INJURIES: COMPLAINT OF PAIN TO THE NECK | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input checked="" type="checkbox"/> | 39 | M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J | 1 | M | G | 0 |
| NAME / D.O.B. / ADDRESS MICHAEL SHERMAN KIM (██████████) ██████████ | | | | | | | | | | | | | | TELEPHONE ██████████ | | | |
| (INJURED ONLY) TRANSPORTED BY: SAN FRANCISCO FIRE DEPARTMENT MEDIC# 72 | | | | | | | | | | | | | | TAKEN TO: SAN FRANCISCO GENERAL HOSPITAL | | | |
| DESCRIBE INJURIES: TRANSPORTED AS A PRECAUTION, NO INJURIES, NO COMPLAINT OF PAIN | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> # | <input type="checkbox"/> | 51 | M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME / D.O.B. / ADDRESS KENDALL RAY FREEMAN (██████████) ██████████ | | | | | | | | | | | | | | TELEPHONE ██████████ | | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | | | | | | | | | TAKEN TO: | | | |
| DESCRIBE INJURIES: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | TELEPHONE | | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | | | | | | | | | TAKEN TO: | | | |
| DESCRIBE INJURIES: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | TELEPHONE | | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | | | | | | | | | TAKEN TO: | | | |
| DESCRIBE INJURIES: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> # | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| NAME / D.O.B. / ADDRESS | | | | | | | | | | | | | | TELEPHONE | | | |
| (INJURED ONLY) TRANSPORTED BY: | | | | | | | | | | | | | | TAKEN TO: | | | |
| DESCRIBE INJURIES: | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | |

PREPARER'S NAME
FARLEY

I.D. NUMBER
020266

MO. DAY YEAR
11/30/2012

REVIEWER'S NAME

MO. DAY YEAR

STATE OF CALIFORNIA

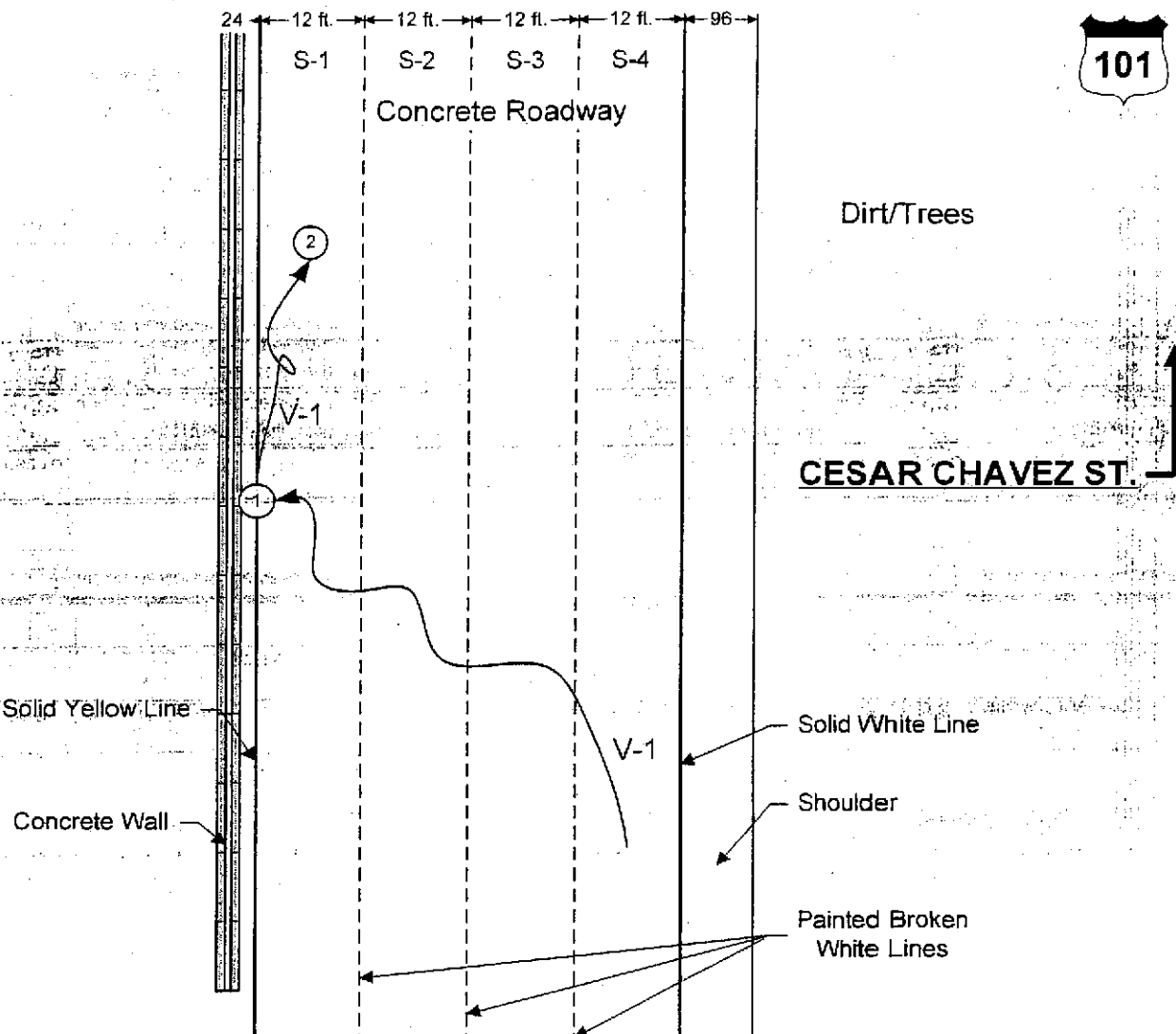
NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
| 11/30/2012 | 0247 | 9335 | 020266 | 2012110250 |

1

Sketch

US-101 SOUTHBOUND
2
3
4
5
6
7

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|-----------------|------|
| FARLEY | 020266 | 11/30/2012 | | |

STATE OF CALIFORNIA

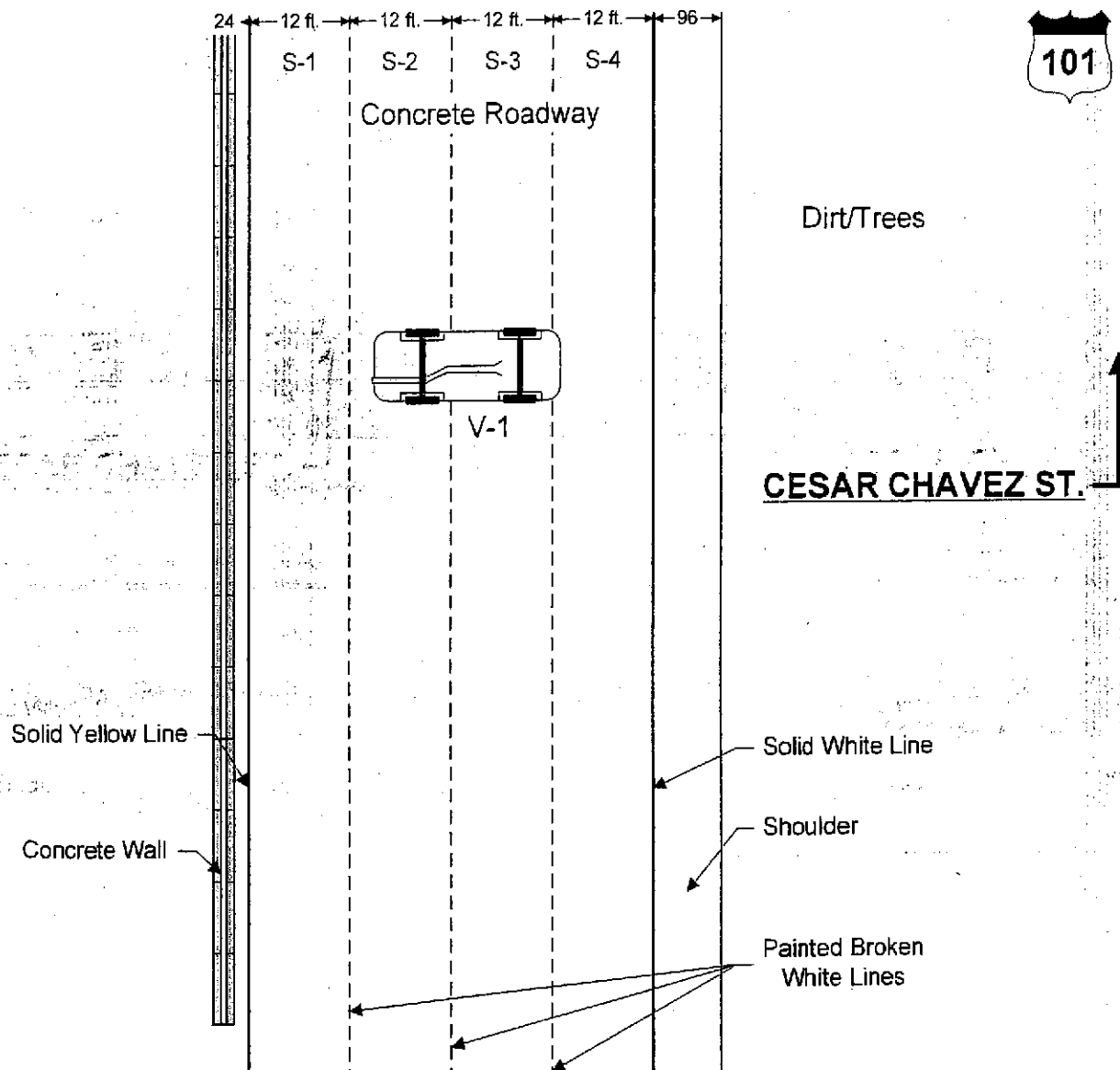
NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
| 11/30/2012 | 0247 | 9335 | 020266 | 2012110250 |

Factual
Diagram

0 10' 0" 20' 0"

US-101 SOUTHBOUND1
2
3
4
5
6
7

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|-----------------|------|
| FARLEY | 020266 | 11/30/2012 | | |

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
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LegendStation Line:

A station line was established along the west roadway edge of US-101 S/B. Station 0+00 was located 200 feet north of the north edge of the 25th Street over crossing. The station numbers increase in a southerly direction. All measurements were taken at right angles off the station line. Measurements were obtained by roll meter.

Points of Rest:

| DESCRIPTION | DISTANCE RIGHT OR LEFT OF STATION LINE | LOCATION ON STATION |
|------------------|--|---------------------|
| Right Rear Tire | 33 ft. left | 1+49 |
| Right Front Tire | 22 ft. left | 1+49 |

PREPARED BY
FARLEY

I.D. NUMBER
020266

DATE
11/30/2012

REVIEWER'S NAME

DATE

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
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1 FACTS:**3 NOTIFICATION:**

5 On November 30, 2012, at 0249 hours, I received a call from CHP dispatch of a solo vehicle traffic collision involving major injury on US-101 S/B, north of Cesar Chavez. I responded from 7th and Bryant Street and arrived on scene at 0302 hours. Once on scene, I determined this to be a sole vehicle traffic collision involving minor injuries. All times, speeds, and measurements are approximate. Measurements were obtained by visual estimation and roll meter.

11 SCENE DESCRIPTION:

13 This traffic collision occurred within the city and county of San Francisco. US-101 S/B at this location is comprised of four lanes of traffic. Each lane is 12 foot wide and is divided by painted broken white lines. The roadway is bordered on the east by a solid yellow line, 2 foot wide center divide, and a concrete median wall. The roadway is bordered on the west by a solid white line, 8 foot wide shoulder, and dirt/trees. The roadway is made of asphalt and the roadway was wet due to heavy rain at the time of the traffic collision. The area is controlled by the posted speed limit of 50 mph. All roadway signs and markings were in working order. (See factual diagram for details.)

22 PARTIES:

24 **Party-1 (P-1, Kim)** was identified by his valid California DL. P-1 was located sitting upright in the back of an ambulance upon my arrival. P-1 was determined to be the driver of V-1 by the following:

- 27 - P-1 is the registered owner of V-1
- 28 - P-1, and witness statement
- 29 - The seat position matched the stature of P-1

31 **Vehicle-1 (V-1, Toyota)** was located on its roof facing in an easterly direction blocking the #2 and #3 lane upon my arrival. V-1 sustained major roll over damage as a result of this traffic collision. The damage consisted of the following: damage to hood, roof, damage to both sides of V-1, bed of truck, shattered windshield and rear window. No previous damage noted or claimed.

36 STATEMENTS: STATEMENTS ARE NOT VERBATIM AND ARE WRITTEN IN SUMMARY FORM. THE STATEMENTS WRE READ BACK TO THE INVOLVED PARTIES FOR VERIFICATION.

39 **Party-1 (P-1, Kim)** was contacted at the scene and related the following in essence: He was driving S/B in the #4 lane at 55 to 60 mph in heavy rain. "Andi" was his passenger. He was taking Andi home to Daly City. They were coming from a nightclub off Broadway St. He hit a couple huge puddles, slowed down and fishtailed to the left. He traveled across the fast lane and hit the center divide and flipped over. After the collision, they were upside down in the vehicle, unbuckled his seatbelt and exited vehicle. He called an SFPD dispatcher to relate he was involved in a traffic

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|-----------------|------|
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
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1 collision, requested an ambulance. He then unbuckled the passenger seatbelt and related the
2 passenger was fine.

3
4 **Witness-1 (W-1, Freeman)** was contacted at the scene and related the following in essence: He
5 was driving S/B in the #3 lane at approximately 50 mph. He observed a truck in the ahead of him
6 traveling at approximately 55 mph in an unknown lane. The truck's rear end rotated counter
7 clockwise, made a quarter turn and rolled over. W-1 stopped on the shoulder to check on the
8 occupants.

9
10 **INTOXICATION NARRATIVE:**

11
12 While gathering information from P-1 regarding the traffic collision, I observed his eyes were red
13 and watery. I asked him he consumed alcohol and he related 3 beers earlier in the evening. I
14 asked P-1 a series of field sobriety test questions and had him perform two field sobriety tests
15 (FSTS) while on the stretcher. Horizontal Gaze Nystagmus I observed lack of smooth pursuit in
16 both eyes. The Finger Count test was performed as instructed. I determined P-1 was not under
17 the influence of an alcoholic beverage.

18
19 **SUMMARY:**

20
21 **P-1, Kim** was driving **V-1, Toyota** on US-101 S/B, north of the 25th Street over crossing in the #4
22 lane at approximately 60 mph in heavy rain. Due to P-1's unsafe speed for the conditions, the rear
23 of V-1 rotated counterclockwise and veered left crossing lanes of traffic and colliding into the
24 concrete wall. This impact caused V-1 to roll onto its roof. V-1 slid across the #1 lane and came to
25 rest on its roof facing in an easterly direction blocking the #2 and #3 lane. After the collision, P-1
26 exited V-1 and called an SFPD dispatcher for assistance.

27
28 The summary was determined by P-1 and W-1's statement, the damage to V-1, and my
29 observations.

30
31 **AREA OF IMPACT (AOI):**

32
33 **AOI #1 (V-1 vs. concrete wall)** occurred approximately 210 feet north of Cesar Chavez St. and 2
34 feet east of the east roadway edge of US-101 N/B.

35
36 **AOI #2 (V-1 vs. roadway)** occurred approximately 180 feet north of Cesar Chavez St. and 6 feet
37 west of the east roadway edge of US-101 N/B.

38
39 The AOI's were determined by P-1 and W-1's statement, the damage to V-1, and my
40 observations.

41
42
43

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|-----------------|------|
| FARLEY | 020266 | 11/30/2012 | | |

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 9

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|------------|
| 11/30/2012 | 0247 | 9335 | 020266 | 2012110250 |

1 CAUSE:

2
3 P-1 caused this collision by driving in violation of California Vehicle Code section 22350, which
4 states, no person shall drive a vehicle upon a highway at a speed greater than is reasonable or
5 prudent having due regard for weather, visibility, the traffic on, and the surface and width of, the
6 highway, and in no event at a speed which endangers the safety of persons or property.
7 P-1 caused this collision by traveling at a speed too great for the traffic conditions. The cause was
8 determined by the damage to the involved vehicle, the statements of P-1 and W-1, and my
9 observations.

10

11 RECOMMENDATIONS:

12

13 None

PREPARED BY
FARLEY

I.D. NUMBER
020266

DATE
11/30/2012

REVIEWER'S NAME

DATE